



STATE OF RHODE ISLAND

Bd. of Examiners of Landscape Architects

1 Capitol Hill, 3rd. Floor
Providence, RI 02908
(401) 222-2565 Fax: (401) 222-5744
www.bdp.state.ri.us

REFERENCE FORM

You have been requested to serve as a reference for an applicant for registration as a landscape architect in Rhode Island under the provisions of Chapter 51 of the General Statutes (1975, Title 5). Pertinent information concerning the applicant will be helpful to the Board of Examiners of Landscape Architects.

As a reference, you are familiar with or have knowledge of the applicant's ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his/her profession as well as your opinion of his/her professional competence and character. Your statement will be treated as confidential.

Please send this form directly to the applicant in a sealed envelope.

1. Name of applicant: _____
Address of applicant: _____
City _____ State _____ Zip _____
2. Professional, business, or social relationship to applicant: _____
If employer, dates of employment: From: _____
Month/ Day Year
To: _____
Month/ Day Year
3. Number of years you have known applicant: _____
4. Please evaluate the applicant in the categories of which you have personal knowledge:
 - a. Technical knowledge: _____

 - b. Professional experience: _____

 - c. Character with respect to honesty, integrity, and general conduct: _____

5. Do you consider the applicant qualified to become a professional practitioner?

6. Other comments: _____

I hereby certify that the information given above is correct to the best of my knowledge and belief and that the opinions expressed above represent my best judgment.

Print Name _____ Address _____ City _____ State _____ Zip _____

Signature _____

State of Registration _____ License Number _____

Profession _____

Professional Stamp

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